## EXAMINER'S ISSUE CHECKLIST

Seri	ial No: _10/655_80	62			
INST	RUCTIONS: Fill out cl and BEFORE it is co the application is	ounted. E	ach item mus	t be complet	
EXAM	IINER:				
CIAI	MS & SPECIFICATION All dependent claims de Index of claims renumber Brief Description of Description	ered in bla rawings mat	ck ink ches drawing f.	igures	
DRAW	INGS O.G. Figure noted on de Issue Class/subclass no Yellow tag completed is Proposed drawing change	oted on dra f required		ree with Blue	slip)
PTO	- 892 Signed & dated All blank spaces lined	through	PTOL - 1449 Signed & All blan		ed through
		892 in the file	s are cited by the examend write "none" ecros PTO - 892 form in eac	s its face. There mus	
OATH 6	/DECLARATION Residence stated Post office address stated Citizenship stated		of these are omitted, as 37 and check appropria		
FILE	E WRAPPER (All boxes filled in and initialed or signed) Interference Searched (box filled in and initialed) Continuing Data (updated, initialed and matches specification) Foreign/PCT Data (initialed) Foreign Priority conditions (Yes/No and initialed) Claims Allowed (two boxes)				
	Drawing (3 boxes) Issue Classification (t Assistant Examiner (fil	wo boxes wl	nich must agree or line through	with blue sl	ip)
<i>PRIM</i> 9 9 9	ARY EXAMINER OR SPE: BLUE SLIP PTOL - 37 FACE OF FILE			EARCH CONDU	ICTED NO
9	ALL SIGNATURES MATC	H (on blue	slip, PTOL-37	and face of f	ile)
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